



Oregon

Theodore R. Kulongoski, Governor

Health Services Commission

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March 4, 2008

The Honorable Peter Courtney
Senate President
Oregon State Senate
State Capitol S-203
900 Court St NE
Salem, OR 97301

Dear Senator Courtney:

The Health Services Commission of the Department of Human Services' Office for Oregon Health Policy and Research respectfully reports to you that, in accordance with ORS 414.720(5), several interim modifications have been made to the Prioritized List of Health Services appearing in the Commission's June 2007 Report to the Governor and 74th Oregon Legislative Assembly as amended as of January 1, 2008. In accordance with ORS 414.720 (6), the Health Services Commission is reporting that the revised line items documented in Attachment A will supersede the previous definition of these lines. Additionally, the new and revised guidelines appearing in Attachments B and C will be associated with the list to better indicate the appropriate and effective use of State resources in the provision of health care to Oregon Health Plan clients.

Attachment A documents the placement of new CPT and HCPCS codes on the Prioritized List (295 changes) and also the last set of changes resulting from the first extensive review of the placement of V codes on the list (42 changes). In addition, 407 changes were made to move codes to more appropriate lines (123 of these involved moving services out of "line zero" and onto the Prioritized List), 115 to remove CPT codes to correct for inappropriate pairings, four changes were due to the addition of new ICD-9-CM codes, and one change was made to correct a previous error.

In addition to the changes outlined in Attachment A, there are some changes being made to the practice guidelines associated with the Prioritized List. New guidelines were adopted related to echocardiograms with contrast material, hydrocele repair, pharmacist medication management, and telephone and e-mail consultations as shown in Attachment B. Revisions to the language in existing guidelines on the use of fetoscopic surgery and ventricular assist devices and the treatment of lymphedema and urinary stress incontinence in addition to a change to the Prevention Table for birth to age 10 involving developmental, behavioral and/or psychosocial screening is included in Attachment C.

Attachment D includes a list of those codes being added to all 601 lines that include evaluation and management services. Attachment E shows those procedure codes being added to lines involving congenital cardiac anomalies, while Attachment F lists those lines to which home therapy HCPCS code S9537 is being added.

Effective October 1, 2007, the lines titled 'Comfort Care' and 'Medical Conditions Where Treatment of the Condition Will Not Result in a 5% 5-Year Survival' were deleted from the Prioritized List and replaced with a statement of intent to clarify what end-of-life care services the Commission intended for coverage. In deleting the latter line (line 674 on the 1/1/07 list and what would have been line 613 on the 1/1/08 list) it was discovered that some ICD-9-CM codes did not appear elsewhere on the list. Since this resulting omission was unintentional, these codes for some advanced cancers are being reinstated in a new version of line 613 as indicated in Attachment G.

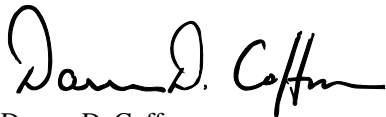
Interim Modifications to the Prioritized List of Health Services
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Finally, a list of procedure codes that are no longer valid and therefore being removed from the Prioritized List appears in Attachment H.

The changes appearing in Attachments A through H are being forwarded to DMAP who, in consultation with an independent actuarial firm, will determine if these changes will involve a significant financial impact under the Medicaid Demonstration. If the changes are found to be within the current funding level of this list, DMAP will determine the effective date for these changes pending approval from CMS, which will be no earlier than April 1, 2008. In the event the technical changes are determined to impact the funding level of this list as defined by DMAP's legislatively authorized budget, we will send a separate notice to you prior to requesting direction from the Joint Ways & Means Committee.

The Health Services Commission thanks you for the opportunity to continue to serve the citizens of Oregon. Should you have any questions, please feel free to contact the Commission or its staff for clarification.

Respectfully submitted,

A handwritten signature in black ink that reads "Darren D. Coffman". The signature is written in a cursive style with a large initial "D" and "C".

Darren D. Coffman
Director

Enclosure

cc: Health Services Commission
Bruce Goldberg, MD, Director, Department of Human Services
Jim Edge, Administrator, Division of Medical Assistance Programs

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: PREGNANCY

Treatment: MATERNITY CARE

Line: 1

ADD	01958	ANESTH, ANTEPARTUM MANIPUL
ADD	01960	ANESTH, VAGINAL DELIVERY
ADD	01961	ANESTH, CS DELIVERY
ADD	01962	ANESTH, EMER HYSTERECTOMY
ADD	01963	ANESTH, CS HYSTERECTOMY
ADD	01967	ANESTH/ANALG, VAG DELIVERY
ADD	01968	ANES/ANALG CS DELIVER ADD-ON
ADD	01969	ANESTH/ANALG CS HYST ADD-ON
DELETE	57700	REVISION OF CERVIX
DELETE	58520	REPAIR OF RUPTURED UTERUS
ADD	59000	AMNIOCENTESIS, DIAGNOSTIC
DELETE	59120	TREAT ECTOPIC PREGNANCY
DELETE	59121	TREAT ECTOPIC PREGNANCY
DELETE	59130	TREAT ECTOPIC PREGNANCY
DELETE	59135	TREAT ECTOPIC PREGNANCY
DELETE	59136	TREAT ECTOPIC PREGNANCY
DELETE	59140	TREAT ECTOPIC PREGNANCY
DELETE	59150	TREAT ECTOPIC PREGNANCY
DELETE	59151	TREAT ECTOPIC PREGNANCY
ADD	76801	OB US < 14 WKS, SINGLE FETUS
ADD	76802	OB US < 14 WKS, ADD'L FETUS
ADD	76805	OB US >/= 14 WKS, SNGL FETUS
ADD	76810	OB US >/= 14 WKS, ADDL FETUS
ADD	76811	OB US, DETAILED, SNGL FETUS
ADD	76812	OB US, DETAILED, ADDL FETUS
ADD	76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH, SINGLE OR FIRST GESTATION
ADD	76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT, TRANSABDOMINAL OR TRANSVAGINAL APPROACH, EACH ADDITIONAL GESTATION
ADD	76815	OB US, LIMITED, FETUS(S)
ADD	76816	OB US, FOLLOW-UP, PER FETUS
ADD	76817	TRANSVAGINAL US, OBSTETRIC
ADD	76818	FETAL BIOPHYS PROFILE W/NST
ADD	76819	FETAL BIOPHYS PROFIL W/O NST
ADD	76820	UMBILICAL ARTERY ECHO
ADD	76821	MIDDLE CEREBRAL ARTERY ECHO
ADD	76825	ECHO EXAM OF FETAL HEART
ADD	76826	ECHO EXAM OF FETAL HEART
ADD	76827	ECHO EXAM OF FETAL HEART
ADD	76828	ECHO EXAM OF FETAL HEART
ADD	84163	PAPPA, SERUM
ADD	84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN
ADD	86336	INHIBIN A
ADD	S9208	HOME MGMT PRETERM LABOR PER DIEM
ADD	S9209	HOME MANGEMENT PPROM DIEM
ADD	S9211	HOME MGMT GESTATIONAL HTN; DIEM

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: PREGNANCY
Treatment: MATERNITY CARE
Line: 1 (CONT'D)

ADD S9212 HOME MANAGEMENT POSTPARTUM HTN DIEM
ADD S9213 HOME MANAGEMENT PREECLAMPSIA; DIEM
ADD S9214 HOME MGMT GESTATIONAL DIABETES;DIEM

Diagnosis: PREVENTIVE SERVICES, BIRTH TO 10 YEARS OF AGE
Treatment: MEDICAL THERAPY
Line: 3

ADD 90661 INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE
ADD 90662 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE
ADD 90663 INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION
ADD 96110 DEVELOPMENTAL TEST, LIM
ADD 99408 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30
ADD 99409 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30
ADD G0396 ALCOHOL/SUBS INTERV 15-30MN
ADD G0397 ALCOHOL/SUBS INTERV >30 MIN
ADD V65.3 DIETARY SURVEIL/COUNSEL
ADD V70.6 HEALTH EXAM-POP SURVEY
DELETE V71.09 OBSERV-MENTAL COND NEC
ADD V72.12 ENCOUNTER FOR HEARING CONSERVATION AND TREATMENT
ADD V73.81 SPECIAL SCREENING EXAMINATION, HUMAN PAPILLOMAVIRUS (HPV)
DELETE V82.71 SCREENING FOR GENETIC DISEASE CARRIER STATUS
DELETE V82.79 OTHER GENETIC SCREENING

NOTE: Add coding specification "CPT code 96110 can be billed in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes."

Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10
Treatment: MEDICAL THERAPY
Line: 4

ADD 90661 INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE
ADD 90662 INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE
ADD 90663 INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION
ADD 90716 CHICKEN POX VACCINE, SC
ADD 90736 ZOSTER VACC, SC

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Diagnosis: PREVENTIVE SERVICES, OVER AGE OF 10
Treatment: MEDICAL THERAPY
Line: 4 (CONT'D)

ADD	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30
ADD	99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30
ADD	G0396	ALCOHOL/SUBS INTERV 15-30MN
ADD	G0397	ALCOHOL/SUBS INTERV >30 MIN
ADD	V65.3	DIETARY SURVEIL/COUNSEL
ADD	V67.01	FOLLOW-UP VAG PAP SMEAR
ADD	V70.6	HEALTH EXAM-POP SURVEY
DELETE	V71.09	OBSERV-MENTAL COND NEC
ADD	V72.12	ENCOUNTER FOR HEARING CONSERVATION AND TREATMENT
ADD	V73.81	SPECIAL SCREENING EXAM, HUMAN PAPILLOMAVIRUS (HPV)
DELETE	V82.71	SCREENING FOR GENETIC DISEASE CARRIER STATUS
DELETE	V82.79	OTHER GENETIC SCREENING

Diagnosis: TOBACCO DEPENDENCE
Treatment: MEDICAL THERAPY/BRIEF COUNSELING NOT TO EXCEED 10 FOLLOW-UP VISITS OVER 3 MONTHS
Line: 6

DELETE	99071	PATIENT EDUCATION MATERIALS
ADD	99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES
ADD	99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES
ADD	G8402	SMOKE PREVEN INTERVEN COUNSE
ADD	G8453	TOB USE CESS INT COUNSEL

Diagnosis: OBESITY
Treatment: NUTRITIONAL AND LIFE STYLE COUNSELING
Line: 8

ADD	V65.3	DIETARY SURVEIL/COUNSEL
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Diagnosis: TYPE I DIABETES MELLITUS
Treatment: MEDICAL THERAPY
Line: 10

ADD	S9353	HOME INFUS TX CONT INSULIN; DIEM
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Diagnosis: ASTHMA
Treatment: MEDICAL THERAPY
Line: 11

ADD	86486	SKIN TEST; UNLISTED ANTIGEN, EACH
ADD	S9441	ASTHMA ED NON-MD PROV PER SESSION

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Diagnosis: HIV DISEASE (INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME) AND
RELATED OPPORTUNISTIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 15

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

Diagnosis: DYSPLASIA OF CERVIX AND CERVICAL CARCINOMA IN SITU, CERVICAL
CONDYLOMA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 31

ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD V67.01 FOLLOW-UP VAG PAP SMEAR

Diagnosis: TYPE II DIABETES MELLITUS

Treatment: MEDICAL THERAPY, BARIATRIC SURGERY WITH BMI ≥ 35

Line: 33

ADD S9353 HOME INFUS TX CONT INSULIN; DIEM

Diagnosis: REGIONAL ENTERITIS, IDIOPATHIC PROCTOCOLITIS, ULCERATION OF
INTESTINE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 35

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: TERMINATION OF PREGNANCY

Treatment: INDUCED ABORTION

Line: 41

ADD 76801 OB US < 14 WKS, SINGLE FETUS
ADD 76802 OB US < 14 WKS, ADD'L FETUS
ADD 76805 OB US ≥ 14 WKS, SNGL FETUS
ADD 76810 OB US ≥ 14 WKS, ADDL FETUS
ADD 76815 OB US, LIMITED, FETUS(S)
ADD 76817 TRANSVAGINAL US, OBSTETRIC

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Diagnosis: ECTOPIC PREGNANCY
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 43

ADD 58660 LAPAROSCOPY, LYSIS
ADD 58662 LAPAROSCOPY, EXCISE LESIONS
ADD 58740 REVISE FALLOPIAN TUBE(S)
ADD 76801 OB US < 14 WKS, SINGLE FETUS
ADD 76802 OB US < 14 WKS, ADD'L FETUS
ADD 76805 OB US >= 14 WKS, SNGL FETUS
ADD 76810 OB US >= 14 WKS, ADDL FETUS
ADD 76815 OB US, LIMITED, FETUS(S)
ADD 76817 TRANSVAGINAL US, OBSTETRIC

Diagnosis: INTUSSCEPTION, VOLVULUS, INTESTINAL OBSTRUCTION, AND FOREIGN BODY IN STOMACH, INTESTINES, COLON, AND RECTUM
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 48

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: ACUTE PELVIC INFLAMMATORY DISEASE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 57

ADD 58260 VAGINAL HYSTERECTOMY
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
ADD 58662 LAPAROSCOPY, EXCISE LESIONS
ADD 58940 REMOVAL OF OVARY(S)

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
Line: 58

ADD 58260 VAGINAL HYSTERECTOMY

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Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: HYDATIDIFORM MOLE
Treatment: D & C, HYSTERECTOMY
Line: 58 (CONT'D)

- ADD 58541 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS
- ADD 58542 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
- ADD 58543 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G
- ADD 58544 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
- ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
- ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
- ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
- ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
- ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

Diagnosis: CHOLELITHIASIS, CHOLECYSTITIS, COMMON BILIARY DUCT STONE
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 60

- ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH
- ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH
- ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH
- DELETE 43830 PLACE GASTROSTOMY TUBE
- DELETE 43831 PLACE GASTROSTOMY TUBE

Diagnosis: ULCERS, GASTRITIS, DUODENITIS, AND GI HEMORRHAGE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 61

- DELETE 43830 PLACE GASTROSTOMY TUBE
- DELETE 43831 PLACE GASTROSTOMY TUBE
- DELETE 43832 PLACE GASTROSTOMY TUBE

Diagnosis: END STAGE RENAL DISEASE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 65

- ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM
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Diagnosis: METABOLIC DISORDERS INCLUDING HYPERLIPIDEMIA
Treatment: MEDICAL THERAPY
Line: 66

ADD S9357 HIT ENZYME REPL IV TX; PER DIEM

Diagnosis: SPONTANEOUS ABORTION COMPLICATED BY INFECTION AND/OR HEMORRHAGE,
MISSED ABORTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 68

DELETE 64435 N BLOCK INJ, PARACERVICAL

Diagnosis: CONGENITAL ANOMALIES OF UPPER ALIMENTARY TRACT, EXCLUDING TONGUE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 70

DELETE 43289 LAPAROSCOPE PROC, ESOPH

Diagnosis: TERMINAL ILLNESS REGARDLESS OF DIAGNOSIS
Treatment: COMFORT CARE
Line: 71

ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: ACUTE AND SUBACUTE ISCHEMIC HEART DISEASE, MYOCARDIAL INFARCTION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 76

ADD 93741 ANALYZE HT PACE DEVICE SNGL
ADD 93742 ANALYZE HT PACE DEVICE SNGL
ADD 93743 ANALYZE HT PACE DEVICE DUAL
ADD 93744 ANALYZE HT PACE DEVICE DUAL
ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR
ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR
ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR

Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)
Line: 78

DELETE 43830 PLACE GASTROSTOMY TUBE
DELETE 43832 PLACE GASTROSTOMY TUBE
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD 51010 DRAINAGE OF BLADDER
ADD 51102 ASPIRATION OF BLADDER; WITH INSERTION OF
SUPRAPUBIC CATHETER
ADD 596.4 ATONY OF BLADDER
ADD 596.53 PARALYSIS OF BLADDER
ADD 596.54 NEUROGENIC BLADDER NOS

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Diagnosis: NEUROLOGICAL DYSFUNCTION IN BREATHING, EATING, SWALLOWING,
BOWEL, OR BLADDER CONTROL CAUSED BY CHRONIC CONDITIONS

Treatment: MEDICAL AND SURGICAL TREATMENT (EG. G-TUBES, J-TUBES,
RESPIRATORS, TRACHEOSTOMY, UROLOGICAL PROCEDURES)

Line: 78 (CONT'D)

DELETE	96150	ASSESS HLTH/BEHAVE, INIT
DELETE	96151	ASSESS HLTH/BEHAVE, SUBSEQ
DELETE	96152	INTERVENE HLTH/BEHAVE, INDIV
DELETE	96153	INTERVENE HLTH/BEHAVE, GROUP
DELETE	96154	INTERV HLTH/BEHAV, FAM W/PT
ADD	V53.5	FIT/ADJ INTES APPL NEC

Diagnosis: AGRANULOCYTOSIS

Treatment: BONE MARROW TRANSPLANTATION

Line: 79

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD	V59.0	BLOOD DONOR

Diagnosis: DERMATOMYOSITIS, POLYMYOSITIS

Treatment: MEDICAL THERAPY

Line: 82

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
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Diagnosis: DEEP ABSCESES, INCLUDING APPENDICITIS AND PERIORBITAL ABSCESS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 84

ADD	32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
ADD	32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)

Diagnosis: INJURY TO INTERNAL ORGANS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 88

ADD	31805	REPAIR OF WINDPIPE INJURY
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Diagnosis: FRACTURE OF HIP, CLOSED
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 89

ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL
END, HEAD; WITHOUT MANIPULATION
ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL
END, HEAD; WITH MANIPULATION FIXATION, WHEN

Diagnosis: MYOCARDITIS (NONVIRAL), PERICARDITIS (NONVIRAL) AND ENDOCARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 90

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

Diagnosis: DEEP OPEN WOUND OF NECK, INCLUDING LARYNX; FRACTURE OF LARYNX OR
TRACHEA, OPEN
Treatment: REPAIR
Line: 91

ADD 31800 REPAIR OF WINDPIPE INJURY

Diagnosis: CONGENITAL ANOMALIES OF URINARY SYSTEM
Treatment: RECONSTRUCTION
Line: 96

ADD 51100 BLADDER ASPIRATION; BY NEEDLE
ADD 51101 BLADDER ASPIRATION; BY TROCAR OR INTRACATHETER
ADD 51102 BLADDER ASPIRATION; INSERTION OF SUPRAPUBIC CATH

Diagnosis: NECROTIZING ENTEROCOLITIS IN FETUS OR NEWBORN
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 97

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: GUILLAIN-BARRE SYNDROME
Treatment: MEDICAL THERAPY
Line: 100

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

Diagnosis: ACUTE LEUKEMIAS, MYELOYDYSPLASTIC SYNDROME
Treatment: BONE MARROW TRANSPLANT
Line: 103

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: HEREDITARY IMMUNE DEFICIENCIES

Treatment: BONE MARROW TRANSPLANT

Line: 106

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

ADD V59.0 BLOOD DONOR

Diagnosis: DIABETIC AND OTHER RETINOPATHY

Treatment: LASER SURGERY

Line: 107

ADD 67041 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG,
MACULAR PUCKER)

ADD 67042 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA
(EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR
EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR
TAMPONADE (IE, AIR, GAS OR SILICONE OIL)

ADD 67043 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL
NEOVASCULARIZATION), INCLUDES, IF PERFORMED,
INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE
OIL) AND LASER PHOTOCOAGULATION

ADD 67229 TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY,
ONE OR MORE SESSIONS; PRETERM INFANT (LESS THAN
37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH
UP TO 1 YEAR OF AGE (EG, RETINOPATHY OF
PREMATURITY), PHOTOCOAGULATION OR CRYOTHERAPY

Diagnosis: HEART FAILURE

Treatment: MEDICAL THERAPY

Line: 109

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

Diagnosis: CARDIOMYOPATHY, HYPERTROPHIC MUSCLE

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 110

ADD 93741 ANALYZE HT PACE DEVICE SNGL

ADD 93742 ANALYZE HT PACE DEVICE SNGL

ADD 93743 ANALYZE HT PACE DEVICE DUAL

ADD 93744 ANALYZE HT PACE DEVICE DUAL

ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR

ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR

ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CONGENITAL ANOMALIES OF DIGESTIVE SYSTEM AND ABDOMINAL WALL
EXCLUDING NECROSIS; CHRONIC INTESTINAL PSEUDO-OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 112

DELETE	43760	CHANGE GASTROSTOMY TUBE
DELETE	43830	PLACE GASTROSTOMY TUBE
DELETE	43831	PLACE GASTROSTOMY TUBE
DELETE	43832	PLACE GASTROSTOMY TUBE
ADD	49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
ADD	49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
ADD	49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
ADD	V53.5	FIT/ADJ INTES APPL NEC

Diagnosis: GIANT CELL ARTERITIS, KAWASAKI DISEASE, THROMBOANGIITIS

Treatment: MEDICAL THERAPY

Line: 118

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
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Diagnosis: COAGULATION DEFECTS

Treatment: MEDICAL THERAPY

Line: 122

ADD	S9345	HIT ANTI-HEMOPHILIC AGENT; PER DIEM
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Diagnosis: HODGKIN'S DISEASE

Treatment: BONE MARROW TRANSPLANT

Line: 126

ADD	90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD	V59.0	BLOOD DONOR

Diagnosis: IRON DEFICIENCY ANEMIA AND OTHER NUTRITIONAL DEFICIENCIES

Treatment: MEDICAL TREATMENT

Line: 128

DELETE	43830	PLACE GASTROSTOMY TUBE
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Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: OTHER SPECIFIED APLASTIC ANEMIAS
Treatment: BONE MARROW TRANSPLANT
Line: 132

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

Diagnosis: PHYSICAL AND SEXUAL ABUSE INCLUDING RAPE
Treatment: MEDICAL THERAPY
Line: 133

ADD V71.81 OBSERVE-ABUSE & NEGLECT

Diagnosis: BENIGN NEOPLASM OF THE BRAIN
Treatment: CRANIOTOMY/CRANIECTOMY, LINEAR ACCELERATOR, MEDICAL THERAPY,
WHICH INCLUDES RADIATION THERAPY
Line: 138

ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: ACUTE GLOMERULONEPHRITIS: WITH LESION OF RAPIDLY PROGRESSIVE
GLOMERULONEPHRITIS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 139

ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM

Diagnosis: CRUSH INJURIES OTHER THAN DIGITS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 143

ADD 20950 FLUID PRESSURE, MUSCLE

Diagnosis: OPEN FRACTURE/DISLOCATION OF EXTREMITIES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 144

ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL
END, HEAD; WITHOUT MANIPULATION
ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL
END, HEAD; WITH MANIPULATION FIXATION, WHEN
ADD 27769 OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,
INCLUDES INTERNAL FIXATION, WHEN PERFORMED
ADD 29850 KNEE ARTHROSCOPY/SURGERY
ADD 29851 KNEE ARTHROSCOPY/SURGERY
ADD 29871 KNEE ARTHROSCOPY/DRAINAGE

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF CERVIX, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 145

ADD	55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
ADD	58260	VAGINAL HYSTERECTOMY
ADD	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD	C9728	PLACE DEVICE/MARKER, NON PRO

Diagnosis: PNEUMOTHORAX AND HEMOTHORAX

Treatment: TUBE THORACOSTOMY/THORACOTOMY, MEDICAL THERAPY

Line: 154

ADD	32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
ADD	32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)
ADD	32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)

Diagnosis: ACQUIRED HEMOLYTIC ANEMIAS

Treatment: MEDICAL THERAPY

Line: 158

ADD	36514	APHERESIS PLASMA
ADD	446.6	THROMBOT MICROANGIOPATHY
ADD	90935	HEMODIALYSIS, ONE EVALUATION
ADD	90937	HEMODIALYSIS, REPEATED EVAL
ADD	90945	DIALYSIS, ONE EVALUATION
ADD	90947	DIALYSIS, REPEATED EVAL

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CERVICAL VERTEBRAL DISLOCATIONS/FRACTURES, OPEN OR CLOSED; OTHER VERTEBRAL DISLOCATIONS/FRACTURES, OPEN; SPINAL CORD INJURIES WITH OR WITHOUT EVIDENCE OF VERTEBRAL INJURY

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 159

ADD 20660 APPLY, REM FIXATION DEVICE
ADD 20661 APPLICATION OF HEAD BRACE
ADD 20665 REMOVAL OF FIXATION DEVICE

Diagnosis: CHORIOCARCINOMA, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 160

ADD 58260 VAGINAL HYSTERECTOMY
ADD 58541 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS
ADD 58542 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58543 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G
ADD 58544 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

Diagnosis: PYOGENIC ARTHRITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 162

ADD 29819 SHOULDER ARTHROSCOPY/SURGERY
ADD 29821 SHOULDER ARTHROSCOPY/SURGERY
ADD 29823 SHOULDER ARTHROSCOPY/SURGERY
ADD 29825 SHOULDER ARTHROSCOPY/SURGERY

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: ACUTE VASCULAR INSUFFICIENCY OF INTESTINE
Treatment: SURGICAL TREATMENT
Line: 164

ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: HERPES ZOSTER; HERPES SIMPLEX AND WITH NEUROLOGICAL AND
OPHTHALMOLOGICAL COMPLICATIONS
Treatment: MEDICAL THERAPY
Line: 165

ADD 64483 INJECTION, ANESTHETIC AGENT AND/OR STEROID,
TRANSFORAMINAL EPIDURAL; LUMBAR, SINGLE LEVEL
ADD 64484 INJECTION, ANESTHETIC AGENT AND/OR STEROID,
TRANSFORAMINAL EPIDURAL; LUMBAR, SINGLE LEVEL

Diagnosis: HODGKIN'S DISEASE
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY AND RADIATION
Line: 167

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM
DIAMETER
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN
10.0 CM DIAMETER

Diagnosis: CANCER OF COLON, RECTUM, SMALL INTESTINE AND ANUS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 168

DELETE 197.5 SEC MALIG NEO LG BOWEL
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD C9728 PLACE DEVICE/MARKER, NON PRO
ADD V53.5 FIT/ADJ INTES APPL NEC

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Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: NON-HODGKIN'S LYMPHOMAS
Treatment: BONE MARROW TRANSPLANT
Line: 171

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

Diagnosis: COMPLICATED HERNIAS; UNCOMPLICATED HERNIA IN CHILDREN UNDER AGE
Treatment: REPAIR
Line: 176

ADD 55040 REMOVAL OF HYDROCELE
ADD 55041 REMOVAL OF HYDROCELES
ADD 55060 REPAIR OF HYDROCELE
ADD 603.0 ENCYSTED HYDROCELE
ADD 603.8 HYDROCELE NEC

Diagnosis: GENERALIZED CONVULSIVE OR PARTIAL EPILEPSY WITHOUT MENTION OF
IMPAIRMENT OF CONSCIOUSNESS
Treatment: SINGLE FOCAL SURGERY
Line: 183

ADD V53.02 ADJUST NEUROPACEMAKER
ADD V53.09 ADJ NERV SYST DEVICE NEC

Diagnosis: URETERAL STRICTURE OR OBSTRUCTION; HYDRONEPHROSIS; HYDROURETER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 187

DELETE 50060 REMOVAL OF KIDNEY STONE
DELETE 50065 INCISION OF KIDNEY
DELETE 50080 REMOVAL OF KIDNEY STONE
DELETE 50081 REMOVAL OF KIDNEY STONE
ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF
INTERNALLY DWELLING URETERAL STENT VIA
TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY,
INCLUDING RADIOLOGICAL SUPERVISION & INTERPRETATION
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING
URETERAL STENT VIA TRANSURETHRAL APPROACH,
WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL
SUPERVISION AND INTERPRETATION
DELETE 50557 KIDNEY ENDOSCOPY & TREATMENT
ADD 52315 CYSTOSCOPY AND TREATMENT
DELETE 52320 CYSTOSCOPY AND TREATMENT
DELETE 52325 CYSTOSCOPY, STONE REMOVAL
DELETE 52330 CYSTOSCOPY AND TREATMENT

Diagnosis: CONDITIONS INVOLVING EXPOSURE TO NATURAL ELEMENTS (EG. LIGHTNING
STRIKE, HEATSTROKE)
Treatment: MEDICAL THERAPY, BURN TREATMENT
Line: 188

ADD 692.77 3RD DEGREE SUNBURN

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CUSHING'S SYNDROME; HYPERALDOSTERONISM, OTHER CORTICOADRENAL
OVERACTIVITY, MEDULLOADRENAL HYPERFUNCTION

Treatment: MEDICAL THERAPY/ADRENALECTOMY
Line: 194

ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

Diagnosis: CHRONIC ISCHEMIC HEART DISEASE

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 196

ADD S0340 LIFESTYL MOD MGMT COR ART DZ; 1 QTR
ADD S0341 INCL ALL SUPP SRVC; 2/THIRD QTR
ADD S0342 LIFESTYL MOD MGMT COR ART DZ; 4 QTR

Diagnosis: CANCER OF BREAST, WHERE TREATMENT WILL RESULT IN A GREATER THAN
5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY,
RADIATION THERAPY AND BREAST RECONSTRUCTION
Line: 198

ADD 11970 REPLACE TISSUE EXPANDER
ADD 196.0 MAL NEO LYMPH-HEAD/NECK
ADD C9728 PLACE DEVICE/MARKER, NON PRO
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

Diagnosis: MULTIPLE MYELOMA

Treatment: BONE MARROW TRANSPLANT
Line: 199

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA

Treatment: BONE MARROW TRANSPLANT
Line: 207

ADD 38204 BL DONOR SEARCH MANAGEMENT
ADD 38205 HARVEST ALLOGENIC STEM CELLS
ADD 38206 HARVEST AUTO STEM CELLS
ADD 38207 CRYOPRESERVE STEM CELLS
ADD 38208 THAW PRESERVED STEM CELLS
ADD 38209 WASH HARVEST STEM CELLS
ADD 38210 T-CELL DEPLETION OF HARVEST
ADD 38211 TUMOR CELL DEplete OF HARVST
ADD 38212 RBC DEPLETION OF HARVEST
ADD 38213 PLATELET DEplete OF HARVEST
ADD 38214 VOLUME DEplete OF HARVEST
ADD 38215 HARVEST STEM CELL CONCENTRTE
ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF SOFT TISSUE, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 208

- ADD 20555 PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION (AT THE TIME OF OR SUBSEQUENT TO THE PROCEDURE)
 - ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
 - ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
 - ADD C9728 PLACE DEVICE/MARKER, NON PRO
-

Diagnosis: SUPERFICIAL ABSCESSSES AND CELLULITIS

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 215

- ADD 53060 DRAINAGE OF URETHRA ABSCESS
 - ADD 53270 REMOVAL OF URETHRA GLAND
-

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 219

- ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
- ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
- ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
- ADD 58541 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS
- ADD 58542 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

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Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF UTERUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 219 (CONT'D)

ADD 58543 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G
ADD 58544 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: PATHOLOGICAL GAMBLING

Treatment: MEDICAL/PSYCHOTHERAPY

Line: 223

ADD V69.3 GAMBLING AND BETTING

Diagnosis: CANCER OF KIDNEY AND OTHER URINARY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 229

ADD 50557 KIDNEY ENDOSCOPY & TREATMENT

Diagnosis: TESTICULAR CANCER

Treatment: BONE MARROW RESCUE AND TRANSPLANT

Line: 232

ADD V59.0 BLOOD DONOR

Diagnosis: OCCUPATIONAL LUNG DISEASES

Treatment: MEDICAL THERAPY

Line: 234

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH
ADD S9441 ASTHMA ED NON-MD PROV PER SESSION

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: ANAPHYLACTIC SHOCK; EDEMA OF LARYNX
Treatment: MEDICAL THERAPY
Line: 235

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

Diagnosis: DISORDERS OF FLUID, ELECTROLYTE, AND ACID-BASE BALANCE
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 236

ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM

Diagnosis: URINARY FISTULA
Treatment: SURGICAL TREATMENT
Line: 245

ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 252

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM DIAMETER
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN 10.0 CM DIAMETER
ADD 58150 TOTAL HYSTERECTOMY
ADD 58260 VAGINAL HYSTERECTOMY
ADD 58541 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS
ADD 58542 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58543 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G
ADD 58544 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF OVARY, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 252 (CONT'D)

ADD 58548 LAPARO W/ RADICAL HYST & LYMPH NODE SAMPLING
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD 58660 LAPAROSCOPY, LYSIS
ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
ADD 58662 LAPAROSCOPY, EXCISE LESIONS

Diagnosis: TORSION OF OVARY

Treatment: OOPHORECTOMY, OVARIAN CYSTECTOMY

Line: 260

ADD 58740 REVISE FALLOPIAN TUBE(S)

Diagnosis: MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES OF CENTRAL NERVOUS SYSTEM

Treatment: MEDICAL THERAPY

Line: 268

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V53.09 ADJ NERV SYST DEVICE NEC

Diagnosis: MULTIPLE ENDOCRINE NEOPLASIA

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 272

DELETE 60699 ENDOCRINE SURGERY PROCEDURE

Diagnosis: DEFORMITIES OF HEAD

Treatment: CRANIOTOMY/CRANIECTOMY

Line: 273

ADD 20660 APPLY, REM FIXATION DEVICE
ADD 20661 APPLICATION OF HEAD BRACE
ADD 20665 REMOVAL OF FIXATION DEVICE

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF PENIS AND OTHER MALE GENITAL ORGANS, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 275

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC
ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR
SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: CANCER OF RETROPERITONEUM, PERITONEUM, OMENTUM AND MESENTERY,
WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 277

DELETE 197.6 SEC MAL NEO PERITONEUM
DELETE 197.8 SEC MAL NEO GI NEC
ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM
DIAMETER
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN
10.0 CM DIAMETER
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: CANCER OF LUNG, BRONCHUS, PLEURA, TRACHEA, MEDIASTINUM AND OTHER
RESPIRATORY ORGANS, WHERE TREATMENT WILL RESULT IN A GREATER
THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 278

DELETE 195.1 MALIGN NEOPL THORAX
DELETE 197.1 SEC MAL NEO MEDIASTINUM
DELETE 197.2 SECOND MALIG NEO PLEURA
DELETE 197.3 SEC MALIG NEO RESP NEC
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: CHRONIC NON-LYMPHOCYTIC LEUKEMIA

Treatment: BONE MARROW TRANSPLANT

Line: 280

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH
ADD V59.0 BLOOD DONOR

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: CANCER OF BLADDER AND URETER, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 286

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC
ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR
SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: UROLOGIC INFECTIONS

Treatment: MEDICAL THERAPY

Line: 290

ADD 51000 DRAINAGE OF BLADDER
ADD 51100 ASPIRATION OF BLADDER; BY NEEDLE
ADD 51101 ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER
DELETE 51702 INSERT TEMP BLADDER CATH
DELETE 51703 INSERT BLADDER CATH, COMPLEX
DELETE 598.00 URETHR STRICT:INFECT NOS

Diagnosis: DEFORMITY/CLOSED DISLOCATION OF JOINT

Treatment: SURGICAL TREATMENT

Line: 296

ADD 23455 REPAIR SHOULDER CAPSULE
ADD 29806 SHOULDER ARTHROSCOPY/SURGERY
ADD 29807 SHOULDER ARTHROSCOPY/SURGERY
ADD 29819 SHOULDER ARTHROSCOPY/SURGERY
ADD 29828 ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS
ADD 29874 KNEE ARTHROSCOPY/SURGERY
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SYNOVECTOMY
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
DEBRIDEMENT
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SUBTALAR ARTHRODESIS

Diagnosis: RETINAL DETACHMENT AND OTHER RETINAL DISORDERS

Treatment: RETINAL REPAIR, VITRECTOMY

Line: 298

ADD 67113 REPAIR OF COMPLEX RETINAL DETACHMENT (EG,
PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR
GREATER, DIABETIC TRACTION RETINAL DETACHMENT,
RETINOPATHY OF PREMATUREITY, RETINAL TEAR OF
GREATER THAN 90 DEGREES), WITH VITRECTOMY AND
MEMBRANE PEELING

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: LIFE-THREATENING CARDIAC ARRHYTHMIAS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 303

- ADD 33257 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED (EG, MODIFIED MAZE PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 33258 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 33259 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- ADD 93741 ANALYZE HT PACE DEVICE SNGL
- ADD 93742 ANALYZE HT PACE DEVICE SNGL
- ADD 93743 ANALYZE HT PACE DEVICE DUAL
- ADD 93744 ANALYZE HT PACE DEVICE DUAL

Diagnosis: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; CHRONIC RESPIRATORY
Treatment: MEDICAL THERAPY
Line: 305

- ADD S9346 HIT ALPHA-1-PROTENAS INHIBITR; DIEM

Diagnosis: DISSECTING OR RUPTURED AORTIC ANEURYSM
Treatment: SURGICAL TREATMENT
Line: 306

- ADD 33864 ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ANNULUS REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)

Diagnosis: CHRONIC LEUKEMIAS; POLYCYTHEMIA RUBRA VERA
Treatment: MEDICAL THERAPY, WHICH INCLUDES CHEMOTHERAPY, RADIATION AND RADIONUCLEIDE THERAPY
Line: 309

- ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH
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ATTACHMENT A

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Diagnosis: CANCER OF VAGINA, VULVA AND OTHER FEMALE GENITAL ORGANS, WHERE
TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 310

ADD 55920 PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC
ORGANS AND/ OR GENITALIA (EXCEPT PROSTATE) FOR
SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
ADD 58541 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS
ADD 58542 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS, WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58543 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G
ADD 58544 LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G, WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD 58548 LAPAROSCOPY, SURGICAL, WITH RADIAL HYSTERECTOMY,
INCLUDING LYMPH NODE SAMPLING
ADD 58550 LAPARO-ASST VAG HYSTERECTOMY
ADD 58552 LAPARO-VAG HYST INCL T/O
ADD 58553 LAPARO-VAG HYST, COMPLEX
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: CANCER OF ORAL CAVITY, PHARYNX, NOSE AND LARYNX, WHERE TREATMENT
WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY

Line: 311

ADD 196.3 MAL NEO LYMPH-AXILLA/ARM
ADD 41019 PLACEMENT OF NEEDLES, CATHETERS, OR OTHER
DEVICE(S) INTO THE HEAD AND/OR NECK REGION
(PERCUTANEOUS, TRANSORAL, OR TRANSNASAL) FOR
SUBSEQUENT INTERSTITIAL RADIOELEMENT APPLICATION
ADD C9728 PLACE DEVICE/MARKER, NON PRO

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Diagnosis: CONSTITUTIONAL APLASTIC ANEMIA
Treatment: MEDICAL THERAPY
Line: 312

DELETE	38204	BL DONOR SEARCH MANAGEMENT
DELETE	38205	HARVEST ALLOGENIC STEM CELLS
DELETE	38206	HARVEST AUTO STEM CELLS
DELETE	38207	CRYOPRESERVE STEM CELLS
DELETE	38208	THAW PRESERVED STEM CELLS
DELETE	38209	WASH HARVEST STEM CELLS
DELETE	38210	T-CELL DEPLETION OF HARVEST
DELETE	38211	TUMOR CELL DEplete OF HARVST
DELETE	38212	RBC DEPLETION OF HARVEST
DELETE	38213	PLATELET DEplete OF HARVEST
DELETE	38214	VOLUME DEplete OF HARVEST
DELETE	38215	HARVEST STEM CELL CONCENTRTE

Diagnosis: OSTEOPETROSIS
Treatment: BONE MARROW RESCUE AND TRANSPLANT
Line: 313

ADD	V59.0	BLOOD DONOR
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Diagnosis: NEUROLOGICAL DYSFUNCTION IN POSTURE AND MOVEMENT CAUSED BY CHRONIC CONDITIONS
Treatment: MEDICAL AND SURGICAL TREATMENT (EG. DURABLE MEDICAL EQUIPMENT AND ORTHOPEDIC)
Line: 317

ADD	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY
ADD	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT
ADD	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS
DELETE	96150	ASSESS HLTH/BEHAVE, INIT
DELETE	96151	ASSESS HLTH/BEHAVE, SUBSEQ
DELETE	96152	INTERVENE HLTH/BEHAVE, INDIV
DELETE	96153	INTERVENE HLTH/BEHAVE, GROUP
DELETE	96154	INTERV HLTH/BEHAV, FAM W/PT
ADD	V53.09	ADJ NERV SYST DEVICE NEC

Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 318

ADD	43260	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43261	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43263	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43264	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43265	ENDO CHOLANGIOPANCREATOGRAPH
ADD	43267	ENDO CHOLANGIOPANCREATOGRAPH

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Diagnosis: ANOMALIES OF GALLBLADDER, BILE DUCTS, AND LIVER
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 318 (CONT'D)

ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43271 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: CANCER OF BRAIN AND NERVOUS SYSTEM, WHERE TREATMENT WILL RESULT
IN A GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: LINEAR ACCELERATOR, MEDICAL AND SURGICAL TREATMENT, WHICH
INCLUDES CHEMOTHERAPY AND RADIATION THERAPY
Line: 319

ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: VITREOUS DISORDERS
Treatment: VITRECTOMY
Line: 323

ADD 67041 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG,
MACULAR PUCKER)
ADD 67042 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA
(EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR
EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR
TAMPONADE (IE, AIR, GAS OR SILICONE OIL)
ADD 67043 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL
NEOVASCULARIZATION), INCLUDES, IF PERFORMED,
INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE
OIL) AND LASER PHOTOCOAGULATION

Diagnosis: TROMBOCYTOPENIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 327

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

Diagnosis: DISORDERS INVOLVING THE IMMUNE SYSTEM
Treatment: MEDICAL THERAPY
Line: 336

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH
ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

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Diagnosis: CANCER OF ESOPHAGUS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 337

DELETE 195.2 MALIG NEO ABDOMEN
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD C9728 PLACE DEVICE/MARKER, NON PRO
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: CANCER OF LIVER, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 338

DELETE 197.7 SECOND MALIG NEO LIVER

Diagnosis: CANCER OF PANCREAS, WHERE TREATMENT WILL RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND RADIATION THERAPY

Line: 339

ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43264 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43265 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: PURULENT ENDOPHTHALMITIS

Treatment: VITRECTOMY

Line: 342

ADD 67041 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG,
MACULAR PUCKER)
ADD 67042 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA
(EG, FOR REPAIR OF MACULAR HOLE, DIABETIC MACULAR
EDEMA), INCLUDES, IF PERFORMED, INTRAOCULAR
TAMPONADE (IE, AIR, GAS OR SILICONE OIL)
ADD 67043 VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH
REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL
NEOVASCULARIZATION), INCLUDES, IF PERFORMED,
INTRAOCULAR TAMPONADE (IE, AIR, GAS OR SILICONE
OIL) AND LASER PHOTOCOAGULATION

ATTACHMENT A

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Diagnosis: NON-DISSECTING ANEURYSM WITHOUT RUPTURE

Treatment: SURGICAL TREATMENT

Line: 347

- ADD 33864 ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING AORTIC ANNULUS REMODELING (EG, DAVID PROCEDURE, YACOUB PROCEDURE)
- ADD 34806 TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING ENDOVASCULAR REPAIR, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INSTRUMENT CALIBRATION, AND COLLECTION OF PRESSURE DATA
- ADD 49203 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY OR SECONDARY TUMORS; LARGEST TUMOR 5 CM DIAMETER OR LESS
- ADD 93982 NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMAL SAC FOLLOWING ENDOVASCULAR REPAIR, COMPLETE STUDY INCLUDING RECORDING, ANALYSIS OF PRESSURE AND WAVEFORM TRACINGS, INTERPRETATION AND REPORT

Diagnosis: FUNCTIONAL AND MECHANICAL DISORDERS OF THE GENITOURINARY SYSTEM INCLUDING BLADDER OUTLET OBSTRUCTION

Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 349

- ADD 51000 DRAINAGE OF BLADDER
- ADD 51005 DRAINAGE OF BLADDER
- ADD 51010 DRAINAGE OF BLADDER
- ADD 51100 ASPIRATION OF BLADDER; BY NEEDLE
- ADD 51101 ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER
- ADD 51102 ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER
- DELETE 51702 INSERT TEMP BLADDER CATH
- DELETE 51703 INSERT BLADDER CATH, COMPLEX
- ADD 52649 LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE
- ADD 598.00 URETHR STRICT:INFECT NOS
- ADD 598.01 URETH STRICT:OTH INFECT
- ADD 753.6 CONGEN URETHRAL STENOSIS

Diagnosis: ACUTE GLOMERULONEPHRITIS AND OTHER ACUTE RENAL FAILURE

Treatment: MEDICAL THERAPY INCLUDING DIALYSIS

Line: 350

- ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM
-

ATTACHMENT A

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Diagnosis: CANCER OF PROSTATE GLAND, WHERE TREATMENT WILL RESULT IN A
GREATER THAN 5% 5-YEAR SURVIVAL
Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 354

ADD 52649 LASER ENUCLEATION OF THE PROSTATE WITH
MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE
BLEEDING, COMPLETE
ADD A9507 CIN-111 CAPROMB PENDETD DX TO 10 MCI
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

Diagnosis: NEPHROTIC SYNDROME AND OTHER RENAL DISORDERS
Treatment: MEDICAL THERAPY INCLUDING DIALYSIS
Line: 365

ADD S9339 HOME TX; PERITONL DIALYSIS PER DIEM

Diagnosis: IDIOPATHIC OR VIRAL MYOCARDITIS AND PERICARDITIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 366

ADD S9348 HIT SYMPATHOMIMETIC/INOTROPIC DIEM

Diagnosis: RETROLENTAL FIBROPLASIA
Treatment: CRYOSURGERY
Line: 371

ADD 67113 REPAIR OF COMPLEX RETINAL DETACHMENT (EG,
PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR
GREATER, DIABETIC TRACTION RETINAL DETACHMENT,
RETINOPATHY OF PREMATURITY, RETINAL TEAR OF
GREATER THAN 90 DEGREES), WITH VITRECTOMY AND
MEMBRANE PEELING

Diagnosis: NEUROLOGICAL DYSFUNCTION IN COMMUNICATION CAUSED BY CHRONIC
CONDITIONS
Treatment: MEDICAL THERAPY
Line: 372

DELETE 96150 ASSESS HLTH/BEHAVE, INIT
DELETE 96151 ASSESS HLTH/BEHAVE, SUBSEQ
DELETE 96152 INTERVENE HLTH/BEHAVE, INDIV
DELETE 96153 INTERVENE HLTH/BEHAVE, GROUP
DELETE 96154 INTERV HLTH/BEHAV, FAM W/PT

Diagnosis: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 373

ADD 33257 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF
ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC
PROCEDURE(S), LIMITED (EG, MODIFIED MAZE
PROCEDURE) (LIST SEPARATELY IN ADDITION TO CODE
FOR PRIMARY PROCEDURE)

ATTACHMENT A

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Diagnosis: CARDIAC ARRHYTHMIAS
Treatment: MEDICAL THERAPY, PACEMAKER
Line: 373 (CONT'D)

- ADD 33258 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
 - ADD 33259 OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), EXTENSIVE (EG, MAZE PROCEDURE), WITH CARDIOPULMONARY BYPASS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
 - ADD 93741 ANALYZE HT PACE DEVICE SNGL
 - ADD 93742 ANALYZE HT PACE DEVICE SNGL
 - ADD 93743 ANALYZE HT PACE DEVICE DUAL
 - ADD 93744 ANALYZE HT PACE DEVICE DUAL
-

Diagnosis: ATHEROSCLEROSIS, PERIPHERAL
Treatment: SURGICAL TREATMENT
Line: 375

- ADD 35523 BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL
-

Diagnosis: URINARY TRACT CALCULUS
Treatment: CYSTOURETHROSCOPY WITH FRAGMENTATION OF CALCULUS, MEDICAL THERAPY
Line: 376

- ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
 - ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
 - ADD 50700 REVISION OF URETER
 - ADD 50715 RELEASE OF URETER
 - DELETE 53020 INCISION OF URETHRA
 - DELETE 692.77 3RD DEGREE SUNBURN
-

Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
Treatment: OPEN OR CLOSED REDUCTION
Line: 379

- ADD 27267 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION
- ADD 27268 CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION FIXATION, WHEN
- ADD 27767 CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION

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Diagnosis: CLOSED FRACTURE OF EXTREMITIES (EXCEPT TOES)
Treatment: OPEN OR CLOSED REDUCTION
Line: 379 (CONT'D)

ADD 27768 CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE;
WITH MANIPULATION
ADD 27769 OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE,
INCLUDES INTERNAL FIXATION, WHEN PERFORMED

Diagnosis: RHEUMATOID ARTHRITIS, OSTEOARTHRITIS, OSTEOCHONDRITIS DISSECANS,
AND ASEPTIC NECROSIS OF BONE
Treatment: ARTHROPLASTY/RECONSTRUCTION
Line: 381

ADD 29874 KNEE ARTHROSCOPY/SURGERY
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SYNOVECTOMY
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
DEBRIDEMENT
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SUBTALAR ARTHRODESIS

Diagnosis: DYSTONIA (UNCONTROLLABLE); LARYNGEAL SPASM AND STENOSIS
Treatment: MEDICAL THERAPY
Line: 385

ADD V53.09 ADJ NERV SYST DEVICE NEC

Diagnosis: DISORDERS OF SPINE WITH NEUROLOGIC IMPAIRMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 397

ADD 20660 APPLY, REM FIXATION DEVICE
ADD 20661 APPLICATION OF HEAD BRACE
ADD 20662 APPLICATION OF PELVIS BRACE
ADD 20665 REMOVAL OF FIXATION DEVICE
ADD 64445 N BLOCK INJ, SCIATIC, SNG

Diagnosis: BENIGN NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS
Treatment: LOBECTOMY, MEDICAL THERAPY, WHICH INCLUDES RADIATION THERAPY
Line: 399

ADD C9728 PLACE DEVICE/MARKER, NON PRO

Diagnosis: DISRUPTIONS OF THE LIGAMENTS AND TENDONS OF THE ARMS AND LEGS,
EXCLUDING THE KNEE, GRADE II AND III
Treatment: REPAIR
Line: 403

DELETE 23430 REPAIR BICEPS TENDON
DELETE 840 SPRAIN/STRAIN OF SHOULDER

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Diagnosis: ESOPHAGEAL STRICTURE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 406

DELETE 43830 PLACE GASTROSTOMY TUBE
DELETE 43832 PLACE GASTROSTOMY TUBE
ADD 49442 INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE,
PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE
INCLUDING CONTRAST INJECTION(S), IMAGE
DOCUMENTATION AND REPORT
ADD V53.5 FIT/ADJ INTES APPL NEC

Diagnosis: PITUITARY DWARFISM
Treatment: MEDICAL THERAPY
Line: 411

ADD S9558 HOME INFUS TX GROWTH HORMONE-DIEM

Diagnosis: ENDOMETRIOSIS AND ADENOMYOSIS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 417

ADD 49204 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR 5.1-10.0 CM
DIAMETER
ADD 49205 EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL
TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE
PERITONEAL, MESENTERIC, OR RETROPERITONEAL PRIMARY
OR SECONDARY TUMORS; LARGEST TUMOR GREATER THAN
10.0 CM DIAMETER
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD 58940 REMOVAL OF OVARY(S)
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

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Diagnosis: CALCULUS OF BLADDER OR KIDNEY
Treatment: OPEN RESECTION, PERCUTANEOUS NEPHROSTOLITHOTOMY,
NEPHROLITHOTOMY, LITHOTRIPSY

Line: 418

ADD 50385 REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
ADD 50386 REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
ADD 50553 KIDNEY ENDOSCOPY
ADD 50561 KIDNEY ENDOSCOPY & TREATMENT
ADD 50572 KIDNEY ENDOSCOPY
ADD 50976 URETER ENDOSCOPY & TREATMENT
ADD 50980 URETER ENDOSCOPY & TREATMENT

Diagnosis: UTERINE LEIOMYOMA
Treatment: TOTAL HYSTERECTOMY OR MYOMECTOMY

Line: 423

ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
DELETE 58670 LAPAROSCOPY, TUBAL CAUTERY
DELETE 58671 LAPAROSCOPY, TUBAL BLOCK
ADD S9560 HOME INJ TX; HORMONAL THERAPY DIEM

Diagnosis: SPINAL DEFORMITY, CLINICALLY SIGNIFICANT
Treatment: MEDICAL AND SURGICAL TREATMENT

Line: 429

ADD 22206 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC
ADD 22207 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT

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Diagnosis: DISORDERS OF SHOULDER
Treatment: REPAIR/RECONSTRUCTION
Line: 437

ADD	23430	REPAIR BICEPS TENDON
ADD	29806	SHOULDER ARTHROSCOPY/SURGERY
ADD	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS
DELETE	29873	KNEE ARTHROSCOPY/SURGERY
DELETE	718.31	RECUR DISLOCAT-SHLDER
ADD	840	SPRAIN/STRAIN OF SHOULDER

NOTE: Change diagnosis description to "DISORDERS OF SHOULDER, INCLUDING SPRAINS/STRAINS GRADE 3 THROUGH 6".

Diagnosis: COMPLICATIONS OF A PROCEDURE USUALLY REQUIRING TREATMENT
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 441

DELETE	43760	CHANGE GASTROSTOMY TUBE
DELETE	43761	REPOSITION GASTROSTOMY TUBE
DELETE	43761	REPOSITION GASTROSTOMY TUBE
DELETE	43830	PLACE GASTROSTOMY TUBE
DELETE	43831	PLACE GASTROSTOMY TUBE
DELETE	43832	PLACE GASTROSTOMY TUBE
ADD	V53.02	ADJUST NEUROPACEMAKER

Diagnosis: MENSTRUAL BLEEDING DISORDERS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 442

ADD	58180	PARTIAL HYSTERECTOMY
ADD	58554	LAPARO-VAG HYST W/T/O, COMPL
ADD	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;
ADD	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)

Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 447

DELETE	51702	INSERT TEMP BLADDER CATH
DELETE	51703	INSERT BLADDER CATH, COMPLEX
ADD	58180	PARTIAL HYSTERECTOMY
ADD	58552	LAPARO-VAG HYST INCL T/O
ADD	58553	LAPARO-VAG HYST, COMPLEX
ADD	58554	LAPARO-VAG HYST W/T/O, COMPL

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Diagnosis: NONINFLAMMATORY DISORDERS AND BENIGN NEOPLASMS OF OVARY,
FALLOPIAN TUBES AND UTERUS; OVARIAN CYSTS; STREAK OVARIES

Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 447 (CONT'D)

ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD 58740 REVISE FALLOPIAN TUBE(S)

Diagnosis: INTERNAL DERANGEMENT OF KNEE AND LIGAMENOUS DISRUPTIONS OF THE
KNEE, GRADE II AND III

Treatment: REPAIR, MEDICAL THERAPY
Line: 449

DELETE 718.26 PATHOL DISLOCAT-L/LEG
DELETE 718.36 RECUR DISLOCAT-L/LEG

Diagnosis: CANCER OF GALLBLADDER AND OTHER BILIARY, WHERE TREATMENT WILL
RESULT IN A GREATER THAN 5% 5-YEAR SURVIVAL

Treatment: MEDICAL AND SURGICAL TREATMENT, WHICH INCLUDES CHEMOTHERAPY AND
RADIATION THERAPY
Line: 453

DELETE 197.8 SEC MAL NEO GI NEC
ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43262 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43264 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43265 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43267 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43268 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: TRIGEMINAL AND OTHER NERVE DISORDERS

Treatment: MEDICAL AND SURGICAL TREATMENT, RADIATION THERAPY
Line: 460

ADD V53.02 ADJUST NEUROPACEMAKER

Diagnosis: MALUNION AND NONUNION OF FRACTURE

Treatment: SURGICAL TREATMENT
Line: 461

ADD 27130 TOTAL HIP ARTHROPLASTY

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Diagnosis: MALUNION AND NONUNION OF FRACTURE
Treatment: SURGICAL TREATMENT
Line: 461 (CONT'D)

ADD	27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION
ADD	29825	SHOULDER ARTHROSCOPY/SURGERY
ADD	29826	SHOULDER ARTHROSCOPY/SURGERY
ADD	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY
ADD	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT
ADD	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS

Diagnosis: TOURETTE'S DISORDER AND TIC DISORDERS
Treatment: MEDICAL/PSYCHOTHERAPY
Line: 464

DELETE	58957	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY
DELETE	58958	RESECTION OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY WITH PELVIC LYMPHADENECTOMY

Diagnosis: URINARY INCONTINENCE
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 470

ADD	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL APPROACH
ADD	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH
ADD	57425	LAPAROSCOPY, SURG, COLPOPEXY

Diagnosis: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 485

ADD	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL APPROACH
ADD	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH
ADD	57425	LAPAROSCOPY, SURG, COLPOPEXY
ADD	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;
ADD	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
ADD	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;

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Diagnosis: UTERINE PROLAPSE; CYSTOCELE
Treatment: SURGICAL REPAIR
Line: 485 (CONT'D)

ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)

Diagnosis: OVARIAN DYSFUNCTION, GONADAL DYSGENESIS, MENOPAUSAL MANAGEMENT
Treatment: OOPHORECTOMY, ORCHIECTOMY, HORMONAL REPLACEMENT FOR PURPOSES
OTHER THAN INFERTILITY
Line: 486

ADD 58662 LAPAROSCOPY, EXCISE LESIONS
ADD 58740 REVISE FALLOPIAN TUBE(S)
ADD S9558 HOME INFUS TX GROWTH HORMONE-DIEM

Diagnosis: KERATOCONJUNCTIVITIS, CORNEAL ABSCESS AND NEOVASCULARIZATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 490

DELETE 65780 OCULAR RECONST, TRANSPLANT
DELETE 65781 OCULAR RECONST, TRANSPLANT
DELETE 65782 OCULAR RECONST, TRANSPLANT
ADD 67880 REVISION OF EYELID
ADD 67882 REVISION OF EYELID
DELETE 68371 HARVEST EYE TISSUE, ALOGRAFT
ADD 68760 CLOSE TEAR DUCT OPENING
ADD 68761 CLOSE TEAR DUCT OPENING
ADD 68801 DILATE TEAR DUCT OPENING
ADD 68810 PROBE NASOLACRIMAL DUCT
ADD 68811 PROBE NASOLACRIMAL DUCT
ADD 68815 PROBE NASOLACRIMAL DUCT
ADD 68816 PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT
IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER
DILATION
ADD 68840 EXPLORE/IRRIGATE TEAR DUCTS

Diagnosis: FOREIGN BODY IN EAR AND NOSE
Treatment: REMOVAL OF FOREIGN BODY
Line: 496

DELETE G0238 TX PROC IMPRV RESP NOT G0237 15 MIN

Diagnosis: CYSTS OF BARTHOLIN'S GLAND AND VULVA
Treatment: INCISION AND DRAINAGE, MEDICAL THERAPY
Line: 503

DELETE 53060 DRAINAGE OF URETHRA ABSCESS
DELETE 53270 REMOVAL OF URETHRA GLAND

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Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: MEDICAL THERAPY
Line: 509

ADD V53.02 ADJUST NEUROPACEMAKER

Diagnosis: ECTROPION, TRICHIASIS OF EYELID, BENIGN NEOPLASM OF EYELID
Treatment: ECTROPION REPAIR
Line: 516

DELETE 68440 INCISE TEAR DUCT OPENING

Diagnosis: PERIPHERAL ENTHESOPATHIES
Treatment: SURGICAL TREATMENT
Line: 523

ADD 24357 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);
PERCUTANEOUS

ADD 24358 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);
DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN

ADD 24359 TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG,
EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW);
DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH
TENDON REPAIR OR REATTACHMENT

DELETE 726.5 ENTHESOPATHY OF HIP

Diagnosis: PERIPHERAL NERVE DISORDERS
Treatment: MEDICAL THERAPY
Line: 526

ADD 90284 IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN
SUBCUTANEOUS INFUSIONS, 100 MG, EACH

Diagnosis: DYSFUNCTION OF NASOLACRIMAL SYSTEM; LACRIMAL SYSTEM LACERATION
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 528

DELETE 370.33 KERATOCONJUNCTIVIT SICCA

DELETE 68440 INCISE TEAR DUCT OPENING

DELETE 68700 REPAIR TEAR DUCTS

ADD 68816 NASOLACRIMAL DUCT PROBING, W/ OR W/O IRRIGATION;
WITH TRANSLUMINAL BALLOON CATHETER DILATION

ADD 92002 EYE EXAM, NEW PATIENT

ADD 92004 EYE EXAM, NEW PATIENT

ADD 92012 EYE EXAM ESTABLISHED PAT

ADD 92014 EYE EXAM & TREATMENT

ADD 92015 REFRACTION

ADD 92018 NEW EYE EXAM & TREATMENT

ADD 92019 EYE EXAM & TREATMENT

ADD 92020 SPECIAL EYE EVALUATION

ADD 92025 COMPUTERIZED CORNEAL TOPOGRAPHY

ADD 92060 SPECIAL EYE EVALUATION

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Diagnosis: OTHER NONINFECTIOUS GASTROENTERITIS AND COLITIS
Treatment: MEDICAL THERAPY
Line: 541

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

Diagnosis: DEFORMITIES OF UPPER BODY AND ALL LIMBS
Treatment: REPAIR/REVISION/RECONSTRUCTION/RELOCATION/MEDICAL THERAPY
Line: 542

DELETE 718.56 ANKYLOSIS-LOWER/LEG

Diagnosis: PELVIC PAIN SYNDROME, DYSPAREUNIA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 544

ADD 58180 PARTIAL HYSTERECTOMY
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)
ADD 58940 REMOVAL OF OVARY(S)

Diagnosis: ATOPIC DERMATITIS
Treatment: MEDICAL THERAPY
Line: 545

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

Diagnosis: CONTACT DERMATITIS AND OTHER ECZEMA
Treatment: MEDICAL THERAPY
Line: 546

DELETE 692.71 SUNBURN
ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

Diagnosis: ACUTE AND CHRONIC DISORDERS OF SPINE WITHOUT NEUROLOGIC
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 552

ADD 20660 APPLY, REM FIXATION DEVICE
ADD 20661 APPLICATION OF HEAD BRACE
ADD 20665 REMOVAL OF FIXATION DEVICE
DELETE 64450 N BLOCK, OTHER PERIPHERAL

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Diagnosis: DEFORMITIES OF FOOT
Treatment: FASCIOTOMY/INCISION/REPAIR/ARTHRODESIS
Line: 556

ADD 29750 WEDGING OF CLUBFOOT CAST
ADD 29904 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
REMOVAL OF LOOSE BODY OR FOREIGN BODY
ADD 29905 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SYNOVECTOMY
ADD 29906 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
DEBRIDEMENT
ADD 29907 ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH
SUBTALAR ARTHRODESIS

Diagnosis: HYDROCELE
Treatment: MEDICAL THERAPY, EXCISION
Line: 558

DELETE 603.0 ENCYSTED HYDROCELE
DELETE 603.8 HYDROCELE NEC
DELETE 603.9 HYDROCELE NOS

Diagnosis: DYSMENORRHEA
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 572

ADD 58180 PARTIAL HYSTERECTOMY
ADD 58554 LAPARO-VAG HYST W/T/O, COMPL
ADD 58570 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS;
ADD 58571 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S)
AND/OR OVARY(S)
ADD 58572 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G;
ADD 58573 LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY,
FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF
TUBE(S) AND/OR OVARY(S)

Diagnosis: ALLERGIC RHINITIS AND CONJUNCTIVITIS, CHRONIC RHINITIS
Treatment: MEDICAL THERAPY
Line: 574

ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH

Diagnosis: PLEURISY
Treatment: MEDICAL THERAPY
Line: 582

ADD 32421 THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR
ASPIRATION, INITIAL OR SUBSEQUENT PNEUMOTHORAX),
WHEN PERFORMED (SEPARATE PROCEDURE)
ADD 32550 INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER
WITH CUFF

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Diagnosis: PLEURISY
Treatment: MEDICAL THERAPY
Line: 582 (CONT'D)

- ADD 32551 TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)
 - ADD 32560 CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)
-

Diagnosis: PERITONEAL ADHESION
Treatment: SURGICAL TREATMENT
Line: 584

- ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
 - ADD 58662 LAPAROSCOPY, EXCISE LESIONS
 - ADD 58740 REVISE FALLOPIAN TUBE(S)
 - ADD 58940 REMOVAL OF OVARY(S)
-

Diagnosis: DERMATITIS DUE TO SUBSTANCES TAKEN INTERNALLY
Treatment: MEDICAL THERAPY
Line: 585

- ADD 86486 SKIN TEST; UNLISTED ANTIGEN, EACH
-

Diagnosis: CONGENITAL ANOMALIES OF FEMALE GENITAL ORGANS EXCLUDING VAGINA
Treatment: SURGICAL TREATMENT
Line: 596

- ADD 58661 LAPAROSCOPY, REMOVE ADNEXA
 - ADD 58662 LAPAROSCOPY, EXCISE LESIONS
-

Diagnosis: SPINAL DEFORMITY, NOT CLINICALLY SIGNIFICANT
Treatment: ARTHRODESIS/REPAIR/RECONSTRUCTION, MEDICAL THERAPY
Line: 597

- ADD 22206 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); THORACIC
 - ADD 22207 OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); LUMBAR VERTEBRAL SEGMENT (EG, PEDICLE/VERTEBRAL BODY SUBTRACTION); EACH ADDITIONAL VERTEBRAL SEGMENT
-

Diagnosis: DISORDERS OF SOFT TISSUE
Treatment: MEDICAL THERAPY
Line: 624

- ADD V53.02 ADJUST NEUROPACE MAKER
-

ATTACHMENT A

Interim Modifications to the April 1, 2008 Prioritized List of Health Services Approved by the Health Services Commission on January 10, 2008.

Diagnosis: MINOR BURNS
Treatment: MEDICAL THERAPY
Line: 625

ADD 692.71 SUNBURN

Diagnosis: DISORDERS OF SLEEP WITHOUT SLEEP APNEA
Treatment: MEDICAL THERAPY
Line: 626

DELETE V69.5 BEHAV INSOMNIA-CHILDHOOD

Diagnosis: SPRAINS OF JOINTS AND ADJACENT MUSCLES, GRADE I
Treatment: MEDICAL THERAPY
Line: 628

NOTE: Change diagnosis description to "SPRAINS AND STRAINS OF ADJACENT MUSCLES AND JOINTS, MINOR".

Diagnosis: STENOSIS OF NASOLACRIMAL DUCT (ACQUIRED)
Treatment: DACRYOCYSTORHINOSTOMY
Line: 644

ADD 68816 PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION

Diagnosis: CYST, HEMORRHAGE, AND INFARCTION OF THYROID
Treatment: SURGICAL TREATMENT
Line: 649

ADD 60300 ASPIRATION AND/OR INJECTION, THYROID CYST

Diagnosis: GALLSTONES WITHOUT CHOLECYSTITIS
Treatment: MEDICAL THERAPY, CHOLECYSTECTOMY
Line: 659

ADD 43260 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43261 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43263 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43265 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43269 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43271 ENDO CHOLANGIOPANCREATOGRAPH
ADD 43272 ENDO CHOLANGIOPANCREATOGRAPH

Diagnosis: TMJ DISORDERS
Treatment: TMJ SURGERY
Line: 662

ADD 21073 MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR MONITORED ANESTHESIA CARE)

ATTACHMENT B

New Guidelines for Diagnostic Services and for the Prioritized List of Health Services Approved January 10, 2008

GUIDELINE NOTE D3, ECHOCARDIOGRAMS WITH CONTRAST FOR CARDIAC CONDITIONS OTHER THAN CARDIAC ANOMALIES

Need for contrast with an echocardiogram (C8923, C8924, C8927, and C8928) should be assessed and, if indicated, implemented at the time of the original ECHO and not as a separate procedure.

GUIDELINE NOTE 63, HYDROCELE REPAIR

Line 176

Excision of hydrocele is only covered for children with hydroceles which persist after 18 months of age.

GUIDELINE NOTE 64, PHARMACIST MEDICATION MANAGEMENT

Included on all lines with evaluation and management (E&M) codes

Pharmacy medication management services must be provided by a pharmacist who has:

1. A current and unrestricted license to practice as a pharmacist in Oregon.
2. One of the following qualifications:
 - a. Certification from the Board of Pharmaceutical Specialties;
 - b. Certified Geriatric Practitioner;
 - c. Completion of an accredited residency program with two years of clinical experiences approved by the Boards;
 - d. Holds the academic degree of Doctor of Pharmacy and has three years of clinical experience approved by the Boards and has completed a American Council on Pharmaceutical Education (ACPE) approved certificate program in the area of practice; or,
 - e. Has successfully completed the course of study and holds the academic degree of Bachelor of Science in Pharmacy and has five years of clinical experience approved by the Boards and has completed two ACPE approved certificate programs with at least one program in the area of practice.
3. Services must be provided based on referral from a physician or licensed provider.
4. Documentation must be provided for each consultation and must reflect collaboration with the physician or licensed provider. Documentation should model SOAP charting; must include patient history, provider assessment and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; and must be retained in the patient's medical record and be retrievable.

ATTACHMENT B

New Guidelines for Diagnostic Services and for the Prioritized List of Health Services Approved January 10, 2008

GUIDELINE NOTE 65, TELEPHONE AND EMAIL CONSULTATIONS

Included on all lines with evaluation and management (E&M) codes

Telephone and email consultations must meet the following criteria:

1. Patient must have a pre-existing relationship with the provider as demonstrated by at least one prior office visit within the past 12 months.
2. E-visits must be provided by a physician or licensed provider within their scope of practice.
3. Documentation should model SOAP charting; must include patient history, provider assessment, and treatment plan; follow up instructions; be adequate so that the information provided supports the assessment and plan; must be retained in the patient's medical record and be retrievable.
4. Telephone and email consultations must involve permanent storage (electronic or hard copy) of the encounter.
5. Telephone and email consultations must meet HIPAA standards for privacy.
6. There needs to be a patient-clinician agreement of informed consent for E-visits by email. This should be discussed with and signed by the patient and documented in the medical record.

Examples of reimbursable telephone and email consultations include but are not limited to:

- A. Extended counseling when person-to-person contact would involve an unwise delay.
- B. Treatment of relapses that require significant investment of provider time and judgment.
- C. Counseling and education for patients with complex chronic conditions.

Examples of non-reimbursable telephone and email consultations include but are not limited to:

- A. Prescription renewal.
- B. Scheduling a test.
- C. Scheduling an appointment.
- D. Reporting normal test results.
- E. Requesting a referral.
- F. Follow up of medical procedure to confirm stable condition, without indication of complication or new condition.
- G. Brief discussion to confirm stability of chronic problem and continuity of present management.

ATTACHMENT C

Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

GUIDELINE NOTE 2, FETOSCOPIC LASER SURGERY

Line 1

Fetoscopic repair of urinary tract obstruction (S2401) is only covered for placement of a urethral shunt. Fetal surgery for cystic adenomatoid malformation of the lung, extralobal pulmonary sequestration and sacrococcygeal teratoma is only covered when there is evidence of developing hydrops fetalis.

Certification of laboratory required (76813-76814).

GUIDELINE NOTE 18, HEART FAILURE

Lines 109,279

Ventricular assist devices are ~~only covered as a bridge to transplant, not as destination therapy~~ only in the following circumstances:

1. as a bridge to cardiac transplant;
2. as treatment for pulmonary hypertension when pulmonary hypertension is the only contraindication to cardiac transplant and the anticipated outcome is cardiac transplant;
- or,
3. as a bridge to recovery.

Ventricular assist devices are not covered for destination therapy.

GUIDELINE NOTE 43, LYMPHEDEMA

Lines 441,589

Lymphedema treatments are covered when medically appropriate. These services will only be covered when provided by a licensed practitioner who is certified by, or participating in the certification or training process for, one of the accepted lymphedema training certifying organizations. The only accepted certifying organization at this time is LANA (Lymphology Association of North America; <http://www.clt-lana.org>). Treatments for lymphedema are not subject to the visit number restrictions found in Guideline Note 6, Rehabilitative Therapies.

ATTACHMENT C

Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

GUIDELINE NOTE 47, URINARY INCONTINENCE

Line 470

Surgery for genuine stress urinary incontinence (~~ICD-9-CM code 625.6~~ may be indicated when all of the following are documented (1-7):

1. Patient history of (a, b, and c):
 - a. Involuntary loss of urine with exertion
 - b. Identification and treatment of transient causes of urinary incontinence, if present (e.g., delirium, infection, pharmaceutical causes, psychological causes, excessive urine production, restricted mobility, and stool impaction)
 - c. Involuntary loss of urine on examination during stress (provocative test with direct visualization of urine loss) and low or absent post void residual
2. Patient's voiding habits
3. Physical or laboratory examination evidence of either (a or b):
 - a. Urethral hypermobility
 - b. Intrinsic sphincter deficiency
4. Diagnostic workup to rule out urgency incontinence
5. Negative preoperative pregnancy test result unless patient is postmenopausal or has been previously sterilized
6. Nonmalignant cervical cytology, if cervix is present
7. Patient required to have 3 months alternative therapy (e.g., pessaries or physical therapy, including bladder training, pelvic floor exercises, biofeedback, and/or electrical stimulation, as available)

ATTACHMENT C

Revisions to Guidelines and the Prevention Tables for the Prioritized List of Health Services Approved January 10, 2008

Prevention Table: Birth to 10 Years

Interventions Considered and Recommended for the Periodic Health Examination

Leading Causes of Death Conditions originating in perinatal period Congenital anomalies Sudden infant death syndrome (SIDS) Unintentional injuries (non-motor vehicle) Motor vehicle injuries

Interventions for the General Population

SCREENING

Height and weight
Blood pressure
Vision screen (3-4 yr)
Hemoglobinopathy screen (birth)¹
Phenylalanine level (birth)²
T₄ and/or TSH (birth)³
Effects of STDs
FAS, FAE, drug affected infants⁴
Infant motor, hearing, developmental, behavioral and/or psychosocial screens⁵
Learning and attention disorders^{5b}
Signs of child abuse, neglect, family violence

COUNSELING

Injury Prevention

Child safety car seats (age <5 yr)
Lap-shoulder belts (age >5 yr)
Bicycle helmet; avoid bicycling near traffic
Smoke detector, flame retardant sleepwear
Hot water heater temperature <120-130°F
Window/stair guards, pool fence, walkers
Safe storage of drugs, toxic substances,
firearms & matches
Syrup of ipecac, poison control phone number
CPR training for parents/caretakers
Infant sleeping position

Diet and Exercise

Breast-feeding, iron-enriched formula and
foods (infants & toddlers)

Limit fat & cholesterol; maintain caloric balance; emphasize
grains, fruits, vegetables (age >2 yr)
Regular physical activity*

Substance User

Effects of passive smoking*
Anti-tobacco message*

Dental Health

Regular visits to dental care provider*
Floss, brush with fluoride toothpaste daily*
Advice about baby bottle tooth decay*

Mental Health/Chemical Dependency

Parent education regarding:

- Child development
- Attachment/bonding
- Behavior management
- Effects of excess TV watching
- Special needs of child and family due to:
 - Familial stress or disruption
 - Health problems
 - Temperamental incongruence with parent
 - Environmental stressors such as
community violence or disaster,
immigration, minority status,
homelessness
- Referral for MHCD and other family support services as
indicated

¹Whether screening should be universal or targeted to high-risk groups will depend on the proportion of high-risk individuals in the screening area, and other considerations. ²If done during first 24 hr of life, repeat by age 2 wk. ³Optimally between day 2 and 6, but in all cases before newborn nursery discharge. ⁴Parents with alcohol and/or drug use. Children with history of intrauterine addiction. Physical and behavioral indicators: hypertension, gastritis, esophagitis, hematological disorders, poor nutritional status, cardiac arrhythmias, neurological disorders, intrauterine growth retardation, mood swings, difficulty concentrating, inappropriateness, irritability or agitation, depression, bizarre behavior, abuse and neglect, behavior problems. ⁵Screening must be conducted with a standardized, valid, and reliable tool. Recommended developmental, behavioral and/or psychosocial screening tools include and are not limited to: a) Ages and Stages Questionnaire (ASQ); b) Parent Evaluation of Developmental Status (PEDS) plus/minus PEDS:Developmental Milestones (PEDS:DM); c) ASQ:Social Emotional (ASQ:SE); and d) Modified Checklist for Autism in Toddlers (M-CHAT). ^{5b}Consider screening with full DSM-IV criteria for attention deficit disorder, inattentive or hyperactive types, in children with significant overall academic or behavioral difficulty including academic failure and/or learning difficulty, especially in reading, math or handwriting.

*The ability of clinical counseling to influence this behavior is unproven.

ATTACHMENT D

**CPT and HCPCS Codes Added to Lines with Evaluation & Management Codes (99201-99362)
Approved January 10, 2008**

The codes listed below have been added to all lines containing Evaluation and Management Codes (601 of 680 lines). The following additions to the Prioritized List of Health Services were approved by the Health Services Commission on January 10, 2008. Please see Attachment B for new guidelines associated with the use of these codes.

98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian; 5-10 minutes of medical discussion
98967	11-20 minutes of medical discussion
98968	21-30 minutes of medical discussion
98969	Online assessment and management service provided by a qualified non-physician health care professional to an established patient, guardian, or health care provider, using the internet or similar electronic communications network
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99441	Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian; 5-10 minutes of medical discussion
99442	11-20 minutes of medical discussion
99443	21-30 minutes of medical discussion
99444	Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider, using the internet or similar electronic communications network
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient
99606	initial 15 minutes, established patient
99607	each additional 15 minutes medication therapy for 6 months or more (MM)2
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)
S0273	Physician visit at member's home, outside of a capitation arrangement
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement

ATTACHMENT E

**CPT and HCPCS Codes Added to Lines with Cardiac Congenital Anomaly Diagnoses
Approved January 10, 2008**

The codes listed below have been added to lines containing Cardiac Congenital Anomaly diagnoses, namely the following: 74, 77, 94, 95, 98, 99, 116, 117, 123, 140, 142, 149, 185, 193, 195, 237, 247, 274, 279, and 673. These additions to the Prioritized List of Health Services were approved by the Health Services Commission on January 10, 2008.

75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
75558	with flow/velocity quantification
75559	with stress imaging
75560	with flow/velocity quantification and stress
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s); followed by contrast material(s) and further sequences;
75562	with flow/velocity quantification
75563	with stress imaging
75564	with flow/velocity quantification and stress
C8921	Transthoracic echocardiography with contrast for congenital cardiac anomalies; complete
C8922	follow-up or limited study
C8926	Transesophageal echocardiography (TEE) with contrast for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report

ATTACHMENT F

**Addition of Home Therapy HCPCS Code to Multiple Lines
Approved January 10, 2008**

The HCPCS code S9537 has been added to multiple lines of the Prioritized List of Health Services as indicated in the table below. The complete description of S9537 is the following:

S9537 Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Addition of HCPCS code S9537	
Lines	
	5, 33, 65, 71, 79, 102, 103, 106, 124, 125, 126, 132, 139, 145, 160, 167, 168, 169, 171, 182, 198, 199, 207, 208, 209, 221, 222, 229, 230, 232, 236, 243, 249, 252, 275, 276, 277, 278, 280, 286, 291, 309, 310, 311, 313, 319, 337, 338, 339, 350, 354, 365, 453, 613

ATTACHMENT G

**Reinstatement of Line 613
Approved January 10, 2008**

Line 613 of the Prioritized List of Health Services was deleted effective October 1, 2007. Line 613 is to be added back to the List with the following diagnosis and treatment descriptions. The ICD-9 codes appearing on new Line 613 did not appear elsewhere on the Prioritized List after the initial removal of this line. Reinstatement of these codes clarifies the relatively low priority given to the treatment of these advanced cancers.

Diagnosis: SECONDARY AND ILL-DEFINED MALIGNANT NEOPLASMS
Treatment: MEDICAL AND SURGICAL TREATMENT
Line: 613

Outlined in the table below are the codes/code ranges that will appear on Line 613.

Codes appearing on Line 613 effective April 1, 2008	
Code type	Code/code ranges
ICD-9	159, 195, 196.1-196.2, 196.5-196.9, 197, 198.8, 199
CPT	11600-11646, 36260-36262, 36522, 38720-38724, 41110-41114, 41130, 42120, 42842-42845, 43228, 43248-43250, 47420-47425, 47610, 47741, 47785, 57460, 58951, 60600-60605, 60650, 61500, 61510, 61517-61521, 61546-61548, 61586, 61793, 77014, 77261-77295, 77300-77370, 77401-77470, 77761-77790, 79005-79445, 96401-96571, 98966-98969, 99024, 99051, 99060, 99070, 99078, 99201-99360, 99366, 99374-99375, 99379-99444, 99477, 99605-99607
HCPCS	C9728, G0243, S0270, S0271, S0272, S0273, S0274, S9537

ATTACHMENT H

**Deleted CPT and HCPCS codes
Approved January 10, 2008**

The following invalid CPT and HCPCS codes have been deleted from the Prioritized List of Health Services:

Invalid codes deleted from the Prioritized List	
Code type	Code
CPT	24350, 24351, 24352, 24354, 24356, 32000, 32002, 32005, 32019, 32020, 36550, 47719, 49200, 49201, 51000, 51005, 51010, 52510, 60001, 67038, 99361, 99362, 99372
HCPCS	G0267, Q4089, S0180